## PART B - FEE(S) TRANSMITTAL

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SHAY GLENN LLP 2755 CAMPUS DRIVE SUITE 210				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
SAN MATEO, CA 94403				Sue Bromaghim			(Depositor's name)
				FILED VIA EFS			(Signature)
				January :	3, 2	011	(Date)
APPLICATION NO.	CATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/840,188	05/05/2004		Mark L. Mathis		10057-719.201		7264
TITLE OF INVENTION: DEVICE AND METHOD FOR MODIFYING THE SHAPE OF A BODY ORGAN							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0 \$1055		01/03/2011	
EXAMINER		ART UNIT	CLASS-SUBCLASS	SS-SUBCLASS			
NGUYEN, TUAN VAN 3731 606-151000							
"Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.	inge of Correspondence "Indication form and Use of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Under a single representation of the patent. If an assignee is identified below, the document has been filed for recordation as set form in 37 CFR 3.11. Completions of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Kirkland, Washington							
Cardiac Dimensions, inc.							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) are submitted:			A check is enclosed Payment by credit of	s): (Please first reapply any previously paid issue fee shown above) closed. /X/ PAYMENT VIA EFS redit eard. Form PO-2038 is attached. s hereby authorized to charge the required fee(s), any deficiency, or credit any to Deposit Account Number 5 GA (40 5 C) (enclose an extra copy of this form).			
Change in Entity Status (from status indicated above)     a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.     b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (firequired) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United State; partent and Trademark Office.							
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Authorized Signature	Thomas	g_				ry 3, 2011	
Typed or printed name	Thomas M.	Zlogar				55,760	
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